ADD' FEE

OR

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Application or Docket Number

Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 1) (Cotumn 2) FOR NUMBER FILED HUMBER EXTRA RATE RATE FEF FFF BASIC FEE (37 CFR 1.16(e)) OR YOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAUMS (37 CFR 1.16(b)) enform 3 a X 8 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d)) OR • "If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE PREVIOUSLY 06 EXTRA ENDMENT AFTER TIONAL TIONAL FEE AMENDMENT PAID FOR FEE 5a Total 49 CU COR LINCE OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE 16.7 (Column 1) (Column 2) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI RATE ADDI-PREVIOUSLY AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE Total (D7 CFR 1.16(c)) 0 AMENDM OR Independent (37 CFR 1.15(1)) Minus x 1 X S OR FIRST PRESENTATION OF MILETIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) CLAIMS HIGHEST PRESENT RATE RATE REMAINING NUMBER ADDI-ADDI-PREVIOUSLY AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (SV CFR L 18(c) Minus AMENDM X S OR Minus Of CFR 1,160a OR FIRST PRESENTATION OF MIATIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
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The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.